Combined Declaration	and ]	Power of Attorney			ATTORNEY DOCKET 83243THC								
As below named inver	ntor, I hereby decl	are that:					1						
My residence, post office address													
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
METHOD AND APP	OADATHS I	OD DETE	D M	NINC AND CO	ррест	INC I	EOD						
ILLUMINATION V						ING I	rOK						
				LINOULCION	•								
The specification of which (check	k only one item be	low):											
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment													
referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title													
37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's													
certificate, or (365 (a) of any PC and have also identified below a			_	<del>-</del>									
one country other than the United		• •		•		-	- ' '	•	~ 1				
priority is claimed:				<b>-</b>					,				
PRIOR FOREIGN/PCT APPL	ICATION(S) AN	D ANY PRIORIT	YCL	AIMS UNDER 35 U.S.C	. 119:								
COUNTRY  (if PCT, indicate PCT)	APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED UNDER 35 USC §119 (mnth/dayyear)							§119					
							YES		NO				
							YES		NO				
							YES	<del> </del>	NO				
				<u> </u>		L	<u>.                                    </u>	<b>L</b>	J				
L hereby claim the benefit under	Fitle 35, United St	ates Code, 119 §(	(e) of a	ny United States provision	nal applicatio	n(s) liste	d below:						
PRIOR PROVISIONAL APPL	ICATION(S) AN	D ANY PRIORIT	Y CL	AIMS UNDER 35 U.S.C	. §119 (e):			······································					
PROVISIONAL AF	PLICATION NUMBER				FILING DATE (mo	nth/day/year)							
CER :													
I hereby claim the benefit under	Fitle 35, United St	ates Code, §120 o	f any p	rior United States applica	tion(s) or PC	T interna	tional appli	cation(s)	designating				
the United States of America that	is/are listed belov	w and, insofar as tl	he subj	ect matter of each of the	claims of this	applica	tion is not d	isclosed i	in that/thos				
prior applications(s) in the mann Office all information known to													
between the filing date of the price	or application(s) a	nd the national or	PCT in	ternational filing date of	his application	n:	,						
PRIOR US APPLICATIONS C 35U\$C§120:	OR PCT INTERN	IATIONAL APPL	LICAT	IONS DESIGNATING 1	HE U.S FO	R BENE	FIT UNDE	R					
U.S. APPLICATIONS				STATUS (Check one)									
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PCT APPLICATIONS DESIGNATING THE U.S.													
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Combined Declaration For Patent Application and Power of Attorney (Continued)													
P	OWER (	OF ATTORNEY: A	s a name	d inventor, I hereby a	ppoint the attorney	83243THC v(s) and/or							
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.													
Send Correspondence to: Direct Telephone Calls to:													
Patent Legal Staf				aff		(name and telephone number)							
		Eastm	an Kodal	c Company									
343 State Street				t	1	Thomas H. Close							
Rochester, NY				14650-2201		(716) 722-2396 FAX: (716) 477-4646							
2	2 FULL NAME OF FAMILY NAME			FIRST GIVEN NAME	SECOND GIVEN	SECOND GIVEN NAME							
	RESIDENCE &	Orfitelli		William STATE OR FOREIGN COUNTRY		A. COUNTRY OF CITIZENSHIP							
0	CITIZENSHIP	Pittsford		New York 14534 USA	US								
1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compar	ıy	343 State Street, Rocheste	er STATE & ZIP CO	STATE & ZIP CODE (COUNTRY) New York 14650 USA							
2	FULL NAME OF INVENTOR	FAMILY NAME Markis		FIRST GIVEN NAME William	SECOND GIVEN R.	SECOND GIVEN NAME							
0	RESIDENCE & CITIZENSHIP	Spencerport		New York 14559 USA	COUNTRY OF CUS								
2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compar	ıy	343 State Street, Rocheste	state & zip co	STATE & ZIP CODE (COUNTRY) New York 14650 USA							
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5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COI	STATE & ZIP CODE (COUNTRY)							
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